Sexual Violence Experiences among Black Gay, Bisexual and Other Men who have Sex with Men and Transgender Women in South African Townships: Contributing Factors and Implications for Health

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Abstract

This study examined experiences with sexual violence among Black African gay, bisexual, and other men who have sex with men (GBMSM) and transgender women (TGW) in townships surrounding Pretoria, South Africa. Of 81 GBMSM and TGWs interviewed, 17 reported to have experienced sexual violence perpetrated by other men. Qualitative analysis of interviews revealed the social and relational context of these experiences as well as their psychological and health consequences. The described context included single- and multiple-perpetrator attacks in private and public spaces, bias-motivated attacks, and violence from known partners. Several participants reported refusing propositions for sex as a reason for being victimized. HIV-positive individuals were overrepresented among survivors compared to the sample as a whole. Following victimization, participants described feelings of pain, fear, anger and self-blame. The results demonstrate the need for interventions designed to (a) prevent sexual violence against GBMSM and TGW in this population, and (b) reduce the negative psychological and health outcomes of sexual victimization. The discussion also highlights the need to examine more closely the link between experiences of sexual violence and risk for HIV infection.

Keywords: HIV, men who have sex with men, sexual violence, South Africa, transgender women

In South Africa, a middle-income country of nearly 55 million people (Statistics South Africa, 2015), violence in general, and sexual violence in particular, is highly prevalent (Seedat, Van Niekerk, Jewkes, Suffla, & Ratele, 2009). Interpersonal violence is the second leading cause of death for males (Norman, Bradshaw, Schneider, Pieterse, & Groenewald, 2015). More than 46,000 rapes were reported to the South African Police Service from April 2013-March 2014, though it is estimated that only one in nine rapes are reported to the police (Africa Check, 2014). Data from 2008-2012, collected after the definition of rape in South African criminal law was changed to be gender-neutral, show that approximately 10% of rapes reported to the police are reported by male survivors (South African History Archive, 2013).

International research suggests that men with male sex partners are at greater risk for sexual violence than other men (Peterson, Voller, Polusny, & Murdoch, 2011), and this appears to be the case in South Africa as well. In a population-based study of 1,737 men in two South African provinces, 9.5% reported sexual violence victimization by another man, with 3.3% reporting oral or anal rape (Dunkle, Jewkes, Murdock, Sikweyiya, & Morrell, 2013). Nearly 3% of participants reported perpetrating sexual violence against another man. In the same sample, more than 34% of men with a history of consensual sex with other men reported sexual violence victimization and they were over seven times more likely than other men to do so. Men who have sex with men (MSM) were three times more likely than other men to report sexual violence perpetration (Dunkle et al., 2013).

There is generally little data available on transgender populations in Africa (Jobson, Theron, Kaggwa, & Kim, 2012) and estimates of the prevalence of sexual violence among African transgender women is limited to one study. In a survey of 937 self-identified transgender

women across eight sub-Saharan African countries, 27.6% reported to have been raped compared to 14.3% of cisgender MSM who also participated in this study (Poteat et al., 2017).

Sexual victimization by men is associated with significant, negative physical and mental health outcomes for male and transfeminine survivors, including but not limited to physical injury (Stermac, Del Bove, & Addison, 2004), sexually transmitted infections (Coxell, King, Mezey, & Kell, 2000) including HIV (Xavier, Bobbin, Singer, & Budd, 2005), withdrawal from family and friends and emotional distancing from others (Walker, Archer, & Davies, 2005), depression, substance abuse, sexual risk behavior, and suicidal ideation (Houston & McKirnan, 2007). The impact of sexual violence on survivors and population health in general is especially amplified in the context of a generalized HIV/AIDS epidemic, as is found in South Africa. Data from 2017 indicate that 14% of South Africa's population is living with HIV/AIDS, with 16.6% prevalence among Black Africans compared to 1.1 among White Africans and 5.3 among Coloured Africans (Human Sciences Research Council, 2018). HIV prevalence among Black African MSM in the Tshwane region (Pretoria and surrounding townships), the setting for the present study, has been estimated at 30.1% (Sandfort, Lane, Dolezal, & Reddy, 2015). Men in that sample who had ever been forced to have sex by another man were more than three times as likely to test positive for HIV (Sandfort, Lane, et al., 2015). Recent (past six months) experiences of sexual or physical assault by a man were also significantly associated with HIV infection among MSM in Gert Sibande (Mpumalanga Province, South Africa; Lane et al., 2014). In the previously described study of men in the Eastern Cape and KwaZulu-Natal provinces, men who had raped another man were more than three times as likely as others to be HIV-positive (Dunkle et al., 2013). Kalichman and colleagues found that perceptions of community stressors such as violence are associated with higher risk of HIV infection among Black Africans

compared to other racial groups who live in townships of Cape Town (Kalichman, Simbayi, Jooste, Cherry, & Cain, 2005). They argued that community level stressors such as unemployment, poverty, lack of education and resources, and violence disproportionately affects Black Africans and indirectly affects their health including risk of HIV infection.

There is a need now for research that offers in-depth insight into the lived experiences of sexual violence and its mental and physical effects among Black South African gay, bisexual and other men who have sex with men (GBMSM) and transgender women (TGW). Few qualitative research studies have explored male survivors' experiences of sexual violence in the African context. A study based on in-depth interviews with young adult heterosexual men from the Eastern Cape of South Africa contrasted experiences of sexual coercion by men and women (Sikweyiya & Jewkes, 2009). The interviewees described differing strategies used by male and female perpetrators: use of force predominantly by men, and use of temptation predominantly by women. Responses to coercion also differed according to the perpetrator's gender, with interviewees describing anger and resentment toward male perpetrators, and responses ranging from pride to embarrassment over their experiences with female perpetrators (Sikweyiya & Jewkes, 2009).

A study by Stephenson, Hast, Finneran, and Sineath (2014) from Namibia is unique for its focus on MSM. MSM's experiences with intimate partner, family, and community violence were assessed in interviews and focus groups. Participants frequently described sexual coercion as an element of intimate partner violence, especially between partners with differences in ages or socioeconomic status: younger men and those with fewer economic resources were described as having less ability to set boundaries related to sex in their relationships (Stephenson et al., 2014).

The present qualitative research, as part of a larger mixed-method study, of social and structural determinants of HIV risk among Black African GBMSM and TGW, investigates experiences of sexual violence among GBMSM and TGW in the African context. We focus on the experiences of Black African GBMSM and TGW living in township communities surrounding Pretoria, South Africa because poverty and sexual minority status put this population at greater risk for violence in general, sexual violence in particular and HIV infection. We address the social and relational contexts of sexual violence, study participants' perceptions of the factors contributing to perpetration, and the effects of their experiences on their mental and physical health.

Method

Participants

Individuals were eligible to participate in the larger study if they were between the ages of 20 and 44, Black African, male at birth (regardless of current gender identity), from one of four targeted township communities (Atteridgeville, Hammanskraal, Mamelodi, or Soshanguve) within Tshwane municipality, and reported having oral, anal, or masturbatory sex with at least one male partner in the preceding year.

Candidates for in-depth interviews were identified by members of the study's Community Advisory Board, outreach workers at a partnering community-based organization, and by ethnographers in the course of other fieldwork. Additional referrals were made by interview participants. The Project Manager conducted an initial phone screening with each interested candidate to ensure that they met the eligibility criteria. Purposive selection of participants was used to ensure that the sample of participants was diverse in terms of age, sexual orientation self-identification, and other factors. Purposive selection of participants was used to

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Instruments

Research staff used a semi-structured guide to interview each participant. The team of interviewers consisted of six male and female research staff, who had master's level training in social sciences, and received project-specific training from the interdisciplinary team of senior investigators on best practices for sexuality-related interviews and use of the interview guide. The interview guide covered topics including sexual and gender identity, family and community acceptance, safety in community spaces and experiences with discrimination or violence, sexual practices and relationships, and negative sexual experiences. The interview guide is available from the authors upon request.

Procedures

Interviews lasted approximately 90 minutes each. They were conducted in the participants' choice of English, Tswana (Setswana), or Northern Sotho (Sepedi). The majority of interviews (75%) were conducted in English. They were audio-recorded and conducted in private spaces (e.g., offices of the agencies collaborating on the research).

The interviews were semi-structured and thus probing was at the interviewer's discretion, not all questions were systematically addressed. While some participants went in depth explaining their experiences of sexual violence, others may have given a limited explanation and were not probed to provide more detail.

Ethical Considerations

Research procedures were approved by the Research Ethics Committee of the Human Sciences Research Council in South Africa and the Institutional Review Board of the New York State Psychiatric Institute. All participants provided written consent.

Data Analysis

As has been described in detail elsewhere (Sandfort, Knox, Collier, Lane, & Reddy, 2015), qualitative data from the interviews were initially coded, aided by Atlas.ti software, using a set of a priori, concept-driven codes developed from the study's main research questions and interview guide. One of those codes, "Sexual Violence," was applied to all passages containing descriptions of personal experiences of sexual violence (i.e., where the participant felt forced or pressured into having sex with someone against his/her will or was threatened with rape or other forms of sexual violence by regular partners, casual partners, or strangers), or observations or knowledge of sexual violence against other people. Two authors reviewed all the quotations associated with this code to distinguish participants' personal experiences with sexual violence from more general discussions; the former are the subject of this study. This process yielded the sample of 17 interview transcripts containing personal reports of sexual violence experiences. For purposes of the present study, these 17 transcripts were then put through a second round of data-driven coding. A secondary coding scheme was developed based on categories and themes that emerged from the participants' descriptions of sexual violence. Secondary coding of the interview transcripts was conducted by one author and reviewed by two others.

Results

The final sample of 81 participants ranged in age from 20 to 38 (*M* = 26.4 years). The majority of participants self-identified as gay; fewer identified as bisexual, straight, or did not adopt a label for their sexual identity. Seven participants who were biologically male self-identified as TGW or "drag queens", though always in conjunction with self-labeling as "gay." In this context, the term drag queen implies full-time feminine gender presentation (not limited to entertainment situations). Ten participants reported that they were living with HIV.

Among the 81 in-depth interview participants, 17 reported having experienced some form of sexual violence perpetrated by one or more men. All of these 17 participants self-identified as gay or homosexual. Details on the age, HIV status, and gender orientation of these participants are summarized in Table 1. Participant names provided are pseudonyms. Six categories of information emerged regarding participants' experiences of sexual violence along with various key themes (Table 2). Themes in each category are discussed in further detail below.

Experiences of Sexual Violence

The participants reported diverse experiences with sexual violence. Key aspects of individual experiences are summarized in Table 1. The depth of information about individual experiences was uneven, due to variation in the ways in which participants were probed to discuss this topic. The 17 participants who had experienced sexual violence described 22 discrete incidents: 15 instances of forced (anal) sex or rape, one instance of forced oral sex, five rape attempts, and one beating in response to refusing a proposition for sex. Participants described being slapped, hit, or beaten in seven of the 22 incidents and one described being strangled. Attackers were said to have used weapons on six of the 22 occasions; in three cases this was a gun, and in the other three this was a weapon found in the immediate environment

Table 1

Overview of Key Participant Characteristics and their Experiences of Sexual Violence

Pseudonym	Age	Self-reported HIV Status	Gender Role Orientation/Gender Identity*	Experience(s) of Sexual Violence
Moreri	28	Positive	Feminine	Former steady partner was physically abusive and threatening; forced sex twice without a condom when the participant was opposed to discontinuing condom use.
Thando	20	Not ascertained	Feminine	Was raped; details of setting and perpetrator not clear. Sought police and medical assistance afterward.
Dzingai	22	Negative	Feminine	Was propositioned for sex while walking home from a tavern with friends. Perpetrator attacked and attempted rape after the participant refused sex. Participant fought off attacker and had to seek medical assistance for injuries.
Kenneth	28	Negative	Masculine	Male cousin who was visiting the participant's home attempted to force sex but the participant fought him off.
Lindelani	30	Positive	Feminine; transgender	Described two instances of acquaintances forcing sex.
Ntsako	38	Positive	Feminine; "drag queen"	Participant and a friend accepted a ride home from two unknown men. The men held the participant and her friend at gunpoint and raped the friend. Participant was able to trick the attackers into releasing them before she also was raped.
Ayize	30	Positive	Feminine	Was gang raped while walking home from a tavern.
Mothusi	22	Unknown	Feminine	Went to the home of a new sexual partner. Withdrew consent when attempts at anal sex were painful. Was beaten and hit with a bottle; perpetrator continued forcing anal sex.
Kgabu	27	Negative	Masculine	Former steady partner would use verbal manipulation and threats to force sex.
Ulwazi	26	Unknown	Feminine	Was beaten up by a man at a club after refusing to leave to have sex with him. Also described being forced to have sex with someone; details of setting and perpetrator not clear.
Akani	28	Positive	Feminine; "drag queen"	Was raped; details of setting and perpetrator not clear. Sought medical assistance afterward.

Pseudonym	Age	Self-reported HIV Status	Gender Role Orientation/Gender Identity*	Experience(s) of Sexual Violence
Vuyo	25	Negative	Feminine	Was abducted from a tavern by a group of men who threatened rape. One of the perpetrators severely injured himself during the attack and so the participant was let go.
Sei	34	Positive	Feminine; transgender	Was raped on two separate occasions; few details provided about the setting or perpetrators, however, both instances were reported to the police. Also described multiple experiences of being attacked at taverns upon refusing to leave to have sex with men, and upon explaining to potential sex partners that she is biologically male.
Dali	30	Unknown	Feminine; "drag queen"	A man who propositioned the participant for sex at a pub and was rejected then abducted her in the trunk of his car, brought her to his home, and raped her.
Zakhi	21	Negative	Feminine	Was approached by two men on the street who propositioned sex. When participant said no, he was slapped and threatened with a gun by one of the men. The incident was interrupted by a neighbor and the men fled. On another occasion, was tricked into leaving a club with a man he had been talking to, brought a friend along. At the man's home, he held the participant and his friend at gunpoint and raped the participant.
Thoriso	21	Negative	Feminine	A sexual partner forced the participant to give oral sex.
Danisani	20	Negative	Feminine	Was raped at perpetrator's home; relationship with perpetrator not clear. Sought police assistance afterward.

* This column identifies participants' self-reported gender role identity. Most participants in this sample reported having a more feminine gender identity and presentation than a masculine one, but only two identified as transgender.

Table 2

Categories and Themes Emerging from Interview Content on Sexual Violence

Categories	Themes
1. Description of violent actions	a. Forced anal sex
	b. Forced oral sex
	c. Attempted forcible rape
	d. Victim physically defended self/fought
	e. Verbal threats
	f. Strangulation
	g. Slapped, hit, or beaten
	h. Abducted or kidnapped
	i. Perpetrator used weapon
	j. Victimization by intimate partner that did not include forced sex
	k. Perpetrator used condom
2. Perpetrators	a. Steady/intimate partner
	b. Stranger(s)
	c. Family member
	d. Casual sexual partner
	e. Someone who propositioned sex and was rejected by the victim
	f. Someone who propositioned sex thinking the victim was female bodied
	g. Acquaintance/someone just met
	h. Multiple perpetrators
3. Settings	a. Victim's home
	b. Perpetrator or someone else's home
	c. On the street
	d. At a pub/tavern/shebeen
	e. On way home from a pub/tavern/shebeen
	f. Outside the township
	g. While with friends/multiple victim situation
4. Factors perceived as contributing to sexual violence or vulnerability	a. Perpetrator's nature/aggressive behavior
	b. Self-blame
	c. Condom request
	d. Refusal of consensual sex with perpetrator
	e. I was drunk
	f. Perpetrator was drunk
	g. Sexual/gender prejudice
	h. Alone/outnumbered

Categories	Themes
5. Aftermath/consequences: Practical	a. Dealing with the police
	b. Taking an HIV test
	c. Learning HIV status
	d. HIV infection
	e. Seeking/taking PEP
	f. STI
	g. STI treatment
	h. Seeking health care/medical attention
	i. Pain
6. Aftermath/consequences: Affective/emotional	a. Lost a loved one/partner
	b. Broken trust/betrayal
	c. Affected subsequent relationships
	d. Powerlessness
	e. Fear
	f. Self-blame
	g. Disrespect
	h. Social anxiety
	i. Denial
	j. Anger
	k. Honored
	l. Foolish

such as a bottle or lit cigarette. Three different participants described occasions of being abducted or kidnapped, and three described being victimized together with friends.

Social and Relational Contexts of Sexual Violence: Perpetrators and Settings

The participants described acts of sexual violence that occurred in both public and private settings (social context), and that were perpetrated by individuals ranging from complete strangers to family members and steady intimate partners (relational context). The social and relational context of the violence seemed related to each other in many cases. The most common type of perpetrator described by the participants was someone who propositioned sex and that they rejected; such perpetrators were encountered in township drinking establishments (e.g., shebeens, taverns, bars) and on their walks home from such establishments or while otherwise out on the street. Public spaces were also high-risk for acts of sexual violence that involved multiple perpetrators. Compared to private spaces, most cases in which participants were able to successfully escape or fight off their attackers occurred in public spaces. It was also possible for encounters with individuals who would go on to perpetrate acts of sexual violence to begin in drinking establishments and move in to private spaces like the perpetrator's home; one participant (Mothusi) described willingly going to the perpetrator's home for sex, another (Zakhi) was lured to the perpetrator's home under false pretenses, while a third (Dali) was abducted from a pub (in the perpetrator's vehicle) and brought to the perpetrator's home. Participants reported that victimization by better-known individuals (a steady intimate partner, a family member) occurred in their own homes.

Factors Contributing to Sexual Violence

Several participants reflected on their perceptions of their perpetrator's motivations or reasons why they were targeted. The participants described refusals of propositions for sex, their

own intoxication, and bias as playing roles in acts of sexual violence that occurred in public spaces. Ulwazi, for example, shared the following experience:

> "We were in a club and my friends left with their one night stands, so I was left alone and this guy started pulling me to go with him. I tried to fight back, but because I was also drunk, I could not fight back enough. Because I refused, I did not want to have sex with him. He started being violent. I was bruised, even my mouth…so even being alone sometimes, it is not safe. At least when you are a group you can fight back."

Ulwazi assumed responsibility for being unable to fight off the man who attacked him, and also described the consequences of being isolated from friends who could have supported him. In other interviews, it was clear the study participants shared a common understanding that accepting drinks purchased by a man was equivalent to agreeing to have sex with that man. Challenging this expectation could be dangerous. Dali said men who had purchased drinks for her would respond badly if she told them she would not go home with them: "They will beat you up…[they say] 'You drink my beer so you think you can just leave me like that? Who do you think you are?'

Zakhi and Dzingai gave accounts that further illustrate the dangers gay-identified men face when resisting their treatment as sexual objects by other men. Zakhi described walking around his township and being approached by "two guys that wanted to have sex with me. I said no, so one of them slapped me, so his friend stopped him. It happened that he had a gun and wanted to shoot me and his friend told him not to." Dzingai described an encounter that occurred while walking home with friends from a tavern:

> "I think this guy wanted to have sex with me so like I refused, and then he was like, *You want to do it with other men but you can't do it with me? Why?* Because like that person

said we [gay men] are here in this world to satisfy men whenever they feel like having sex, whether I know you or I don't…So like he forced himself on me and that's when we started having a fight."

Negative attitudes toward gay men and gender non-conforming people seemed to motivate the attack on Vuyo, who was abducted by a group of men threatening to rape him. He described his attackers' taunts as follows:

"The other ones were watching porn on their phone and saying, *We're going to fuck you*…and you are going to hate what you're doing…They wanted to teach me a lesson. They said, *we want to see if you can be a woman and if you can handle us because you are acting like a woman, we want to show you*."

In contrast to the public acts of sexual violence described above, Moreri described victimization by a steady intimate partner that followed a disagreement about condom use. "My former guy," he said, "wanted us to stop the use of condoms. I was against it…he forced himself on me and it hurt." The perpetrators' intoxication with alcohol was mentioned as a possible contributor to two other instances of sexual violence that occurred in private homes.

Effects of Sexual Violence

Many of the participants' discussions of their experiences of victimization included descriptions of what came after, both in terms of practical matters they were obliged to deal with (seeking medical or police assistance) and how they felt about what had occurred.

Moreri, whose steady partner forced sex after a disagreement about condom use (Moreri did not want to discontinue condom use with the partner), described feelings of broken trust, which impacted subsequent intimate relationships. "The thing is, I trusted [the partner] and I

loved him," he said. "I loved him so much and even to this date I am a bit scared, even in a relationship that I am in, like if something happens that I cannot handle it."

Participants mentioned a variety of feelings that followed experiences of sexual violence, including feeling angry and disrespected and experiencing fear and anxiety. Dzingai reported this persistent fear and anxiety following his attack: "I was scared in the streets and pubs, even after I healed I was always at home. It is something that kept haunting me, even today it still does." Other participants also described fear of their attackers, fear that their lives were in danger or of being infected with HIV, and fear of going to the police after being attacked.

One participant said he felt foolish and a few blamed themselves to some degree, either because they were intoxicated, made the first move on a person who turned out to be violent, or were "warned" that a partner could be an aggressive person. For some, these feelings resulted not only from the experience of victimization, but were compounded by experiences of disrespectful treatment by police and healthcare personnel.

Some participants seemed to be suppressing the experienced trauma and its psychological effects by denying or disconnecting from it. Kenneth said, "I think after that experience happened I sort of denied it and never accepted that I was a person who was almost raped. And I just lived as if it was like whatever. I do not think it affected me." Lindelani described feeling affirmed in her feminine gender identity: "I didn't feel sad or what, because it's a guy I know and I know his girlfriend, and to me it was such an honor because he has a girlfriend and he's sleeping with me, then I said I must be a catch."

Discussion

This study is, to our knowledge, the first qualitative study focused specifically on sexual violence as experienced by GBMSM and TGW in South Africa. The participants' discussions of the social and relational contexts in which they experienced sexual violence, the factors they believed to put them at risk, and the effects of their experiences, complements previous quantitative research on the prevalence of male-male sexual violence in South Africa and its association with health outcomes such as HIV (Dunkle et al., 2013).

The participants furthermore provided insight into the impacts of sexual violence on their lives. Participants also described feelings of fear, anxiety, anger, disrespect, and self-blame following victimization. We note that HIV-positive participants were overrepresented among sexual violence survivors compared to the sample as a whole, although the data does not allow us to identify the exact relationship between sexual violence and HIV infection. The overrepresentation of HIV positive participants suggests that some HIV infections may be the consequence of violence experiences. This interpretation is supported by findings of previous quantitative research among GBMSM that documented experiences of intimate partner violence as a significant predictor of being HIV positive (Buller, Devries, Howard, & Bacchus, 2014).

The participants' accounts related to sexual violence are generally consistent with other South African research and theorizing in several ways. Case review studies of rapes of non-transgender women reported to medico-legal clinics in Johannesburg in the 1990s showed that rapes were commonly perpetrated in open spaces or in the rapist's home (less frequently in the survivor's home) and often involved weapons and abduction of the survivor (see Jewkes & Abrahams, 2002). According to an analysis of rape case reports from the Gauteng province (including Tshwane) that compared single and multiple perpetrator rapes of women, rapes in

public areas such as roads/alleys or other open spaces were four times more likely in multiple-perpetrator cases; multiple-perpetrator cases also often involved abduction and weapons use (Jewkes et al., 2012). This finding resonates with what was heard from participants in the present study, although there were single perpetrator attacks with these features (occurring or starting in public, involving abduction and/or weapons use) as well.

We found that refusals of propositions for sex were a common element in several of the participants' experiences, preceding rapes, rape attempts, or physical beatings. Other participants resisted sex without a condom, oral sex, or sex that was painful. In a study of South African heterosexual men, those who reported conflicts with female partners because they refused sex or undermined the male partner's authority were more likely to report perpetrating sexual violence against women (Abrahams, Jewkes, Hoffman, & Laubsher, 2004), and the "culture of male sexual entitlement" has been identified as a contributing factor to the prevalence of rape of women by men in South Africa (Jewkes & Abrahams, 2002, p. 1239). Jewkes and colleagues (2012) refer to "sexual entitlement rapes" of women by men, as those occurring under circumstances such as "when the victim had been at a social event and left with the perpetrator, had been on a date, took money or drinks from him, or changed her mind about wanting sex after initially agreeing" (p.14). This description is fitting for several of the incidents reported by participants in the present study, with the attitude of sexual entitlement well-encapsulated in the statement made by Dzinagi's attacker, who told him that gay men "are here in this world to satisfy men whenever they feel like having sex."

The practice of men buying alcohol in exchange for sex with cis-gender women in drinking establishments, and the potentially violent consequences women face if they break the implied terms of such agreements, has been documented in other ethnographic research (Watt et

al., 2012). Drinking establishments have been historically male-dominated spaces in South Africa and women who spend time in them are viewed as sexually tempting men and breaking with feminine norms; their stigmatization serves to normalize sexual violence against them (Rich, Nkosi, & Morojele, 2015). Gay-identified men may have some advantages navigating such male-dominated spaces, yet this study's findings suggest they can be sexually objectified and punished for violating gender norms in the same ways that women are.

This study has some limitations. The data are drawn from interviews conducted as part of a larger ethnographic study of the social and sexual lives of Black African GBMSM and TGW in Tshwane townships; interviews were not focused exclusively on sexual violence. For this reason and due to the semi-structured nature of the interview guide experiences varied from interview to interview. Given the stigmatization of sexual victimization, especially among men, some participants in the study may have been hesitant to report victimization experiences during their interviews, resulting in an undercount of sexual violence experiences among all participants in the sample.

Interviews were conducted in multiple languages however all coding and analysis was done on transcripts that were either originally in English or translated into English.

Furthermore, lived experiences of sexual violence and its effects are different for different sub-populations. For example, a feminine gay-identified man's experience of sexual violence and the context of that experience may be different from a masculine gay-identified man's or a transgender woman's experiences. The findings of this study were limited in allowing us to derive meaningful distinctions between those subgroups.

Conclusion

This study's findings have several important implications for policies and programs in South Africa as well as for future research. They demonstrate a need for primary and secondary prevention approaches: initiatives to prevent sexual violence against GBMSM and TGW, targeting potential perpetrators, as well as programs to reduce trauma among those who are victimized. Advocates for programs to address gender-based violence and HIV argue that the most effective programs are "socially transformative," disrupting the "underlying gender norms that legitimate male power, male control, male violence and men's sexual risk taking" (Dunkle & Jewkes 2007, p. 173). Interventions to prevent sexual violence might focus, for example, on drinking establishments; structural improvements such as better lighting in such venues, increasing security personnel, as well as server education to reduce risky drinking have been proposed (Rich et al., 2015). Community-based LGBT organizations have an important role to play in educating their constituents about South African law's provisions for sexual violence victims and sexual violence after-care, including psychosocial support and post-exposure prophylaxis (PEP) for HIV prevention.

Intervention efforts should be supported by continued research into sexual violence among South African GBMSM and TGW. In particular, we need a fuller understanding of sexual violence perpetration targeting sexually and gender diverse populations, how it may differ for each group, and the effectiveness of institutional responses to it. Studies that focus specifically on types of sexual violence such as intimate partner violence and child sexual abuse among South African GBMSM and TGW are also needed. We hope the findings of this study lay the groundwork for future research and programs to address sexual violence in these communities.

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